



House of Representatives

General Assembly

File No. 251

January Session, 2007

House Bill No. 6982

House of Representatives, April 2, 2007

The Committee on Insurance and Real Estate reported through REP. O'CONNOR of the 35th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT MAKING MINOR AND TECHNICAL CHANGES TO THE INSURANCE STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (e) of section 38a-53 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (e) Each insurance company or health care center doing business in
5 this state shall include in all reports required to be filed with the
6 commissioner under this section a certification by an actuary or reserve
7 specialist of all reserve liabilities prepared in accordance with
8 regulations which shall be adopted by the commissioner in accordance
9 with chapter 54. The regulations shall: (1) Specify the contents and
10 scope of the certification; (2) provide for the availability to the
11 commissioner of the workpapers of the actuary or loss reserve
12 specialist; and (3) provide for [exemptions to the] granting companies
13 or centers exemptions from compliance with the requirements of this
14 subsection. The commissioner shall maintain, as confidential, all

15 workpapers of the actuary or loss reserve specialist and the actuarial
16 report and actuarial opinion summary provided in support of the
17 certification. Such workpapers, reports and summaries shall not be
18 subject to subpoena or disclosure under the Freedom of Information
19 Act, as defined in section 1-200.

20 Sec. 2. Subsection (c) of section 38a-479 of the general statutes is
21 repealed and the following is substituted in lieu thereof (*Effective from*
22 *passage*):

23 (c) The procedure established by a contracting health organization
24 shall also permit a physician, physician group or physician
25 organization to request and view fee-for-service dollar amounts the
26 contracting health organization reimburses for current procedural
27 terminology codes for which a physician, physician group or physician
28 organization actually bills or intends to bill the contracting health
29 organization, provided such codes are within the physician's, group's
30 or organization's specialty or subspecialty.

31 Sec. 3. Subsections (a) and (b) of section 38a-511 of the general
32 statutes are repealed and the following is substituted in lieu thereof
33 (*Effective from passage*):

34 (a) No health insurer, health care center, hospital service
35 corporation, medical service corporation or fraternal benefit society
36 that provides coverage under an individual health insurance policy or
37 contract for magnetic resonance imaging or computed axial
38 tomography may (1) require total copayments in excess of three
39 hundred seventy-five dollars for all such in-network imaging services
40 combined annually, or (2) require a copayment in excess of seventy-
41 five dollars for each in-network magnetic resonance imaging or
42 computed axial tomography, provided the physician ordering the
43 radiological services and the physician rendering such services ~~[is]~~ are
44 not the same person or ~~[is]~~ are not participating in the same group
45 practice.

46 (b) No health insurer, health care center, hospital service

47 corporation, medical service corporation or fraternal benefit society
48 that provides coverage under an individual health insurance policy or
49 contract for positron emission tomography may (1) require total
50 copayments in excess of four hundred dollars for all such in-network
51 imaging services combined annually, or (2) require a copayment in
52 excess of one hundred dollars for each in-network positron emission
53 tomography, provided the physician ordering the radiological service
54 and the physician rendering such service [is] are not the same person
55 or [is] are not participating in the same group practice.

56 Sec. 4. Subsections (a) and (b) of section 38a-550 of the general
57 statutes are repealed and the following is substituted in lieu thereof
58 (*Effective from passage*):

59 (a) No health insurer, health care center, hospital service
60 corporation, medical service corporation or fraternal benefit society
61 that provides coverage under a group health insurance policy or
62 contract for magnetic resonance imaging or computed axial
63 tomography may (1) require total copayments in excess of three
64 hundred seventy-five dollars for all such in-network imaging services
65 combined annually, or (2) require a copayment in excess of seventy-
66 five dollars for each in-network magnetic resonance imaging or
67 computed axial tomography, provided the physician ordering the
68 radiological services and the physician rendering such services [is] are
69 not the same person or [is] are not participating in the same group
70 practice.

71 (b) No health insurer, health care center, hospital service
72 corporation, medical service corporation or fraternal benefit society
73 that provides coverage under a group health insurance policy or
74 contract for positron emission tomography may (1) require total
75 copayments in excess of four hundred dollars for all such in-network
76 imaging services combined annually, or (2) require a copayment in
77 excess of one hundred dollars for each in-network positron emission
78 tomography, provided the physician ordering the radiological service
79 and the physician rendering such service [is] are not the same person

80 or [is] are not participating in the same group practice.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	38a-53(e)
Sec. 2	<i>from passage</i>	38a-479(c)
Sec. 3	<i>from passage</i>	38a-511(a) and (b)
Sec. 4	<i>from passage</i>	38a-550(a) and (b)

INS *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

This bill makes various minor and technical changes and has no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

HB 6982

***AN ACT MAKING MINOR AND TECHNICAL CHANGES TO THE
INSURANCE STATUTES.***

SUMMARY:

This bill makes technical revisions to the insurance statutes.

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 19 Nay 0 (03/13/2007)